

2558

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Lila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>893</u>	
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>183</u>	
Town of <u>Miami</u>		Local Registrar's No. <u>187</u>	
City of <u>Miami</u>	(No. <u>117</u>)	St. <u></u>	Ward <u></u>
FULL NAME OF CHILD <u>Hedrie Myrtle Wilkinson</u>		Born <u>YES</u>	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <u>NO</u>	
Sex of Child <u>Female</u>	Twin, Triplet or other <u>1</u>	and <u>1</u>	Number in order of birth <u>1</u>
		Legitimate? <u>Yes</u>	Date of Birth <u>June 8</u> 191 <u>6</u>
			Month (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Thomas Wilkinson</u>	Full Maiden Name <u>Sarah Margaret Nicholas</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>English</u>	Color or Race <u>English</u>	Age at last Birthday <u>33</u>	Age at last Birthday <u>28</u>
		(Years)	(Years)
Birthplace <u>England</u>	Birthplace <u>England</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>8 June</u> 191 <u>6</u> at <u>49</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>Charles E. Smith</u>	(Attending physician, midwife, householder. *)
Given or Christian name added from a supplemental report. <u>191</u>		Address <u>Miami</u>	
Filed <u>June 15</u> 191 <u>6</u>		LOCAL REGISTRAR. <u>John H. Tracy</u>	
COUNTY REGISTRAR. <u>565-608-258</u>		Filed <u>July 8</u> 191 <u>6</u>	True Copy <u>B. G. Fox</u>
		COUNTY REGISTRAR.	